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\ \	Form 990 - (Rev January 2020)	Under s

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

-294900650850

2019

section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public **Inspection**

<u>A</u> _	For the	2019 calend	dar year, or tax year beginning , 2019, and e	nding		, 20								
В	Check if	applicable	C Name of organization Gateway Pet Guardians	_	D Empl	loyer identification number								
	Address	change	Doing business as		26-0	096240								
$\overline{\mathbf{X}}$	Name ch	•	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telep	hone number								
$\overline{\Box}$	Initial retu	•	PO Box 13243	İ	(314)664-7398								
$\ddot{\Box}$		rn/terminated												
\exists	Amended		City or town, state or province, country, and ZIP or foreign postal code Saint Louis, MO 63157		G Gross	s receipts \$1,062,397.								
H		on pending	F Name and address of principal officer	H(a) is th		for subordinates? Yes X No								
ш	Аррисан	on pending	Jamie Case, 5321 Manchester Ave, St Louis, MO	1										
_	Tax-exen	npt status	Sol(c)(3) Sol(c) () ✓ (Insert no) 4947(a)(1) or 5			ist (see instructions)								
÷		<u> </u>		+* /-	oup exemption	•								
			ATEWAYPETS.COM Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of the Second Se		 	e of legal domicile MO								
_		_		omation 20	JU4 W State	or legal dornicile 110								
	art I	Summa	The state of the s		D 1 0 1									
			cribe the organization's mission or most significant activities The			lans is to end nomelessness								
ည	1		mals in the Metro East St Louis community th	rough res	cue,									
Governance		rehabilitation, adoption, and community outreach. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.												
Ž				sed of more th		_								
Ĝ	1		, , , , , , , , , , , , , , , , , , , ,			8								
۰ŏ	1		independent voting members of the governing body (Part VI, line											
ţ	1		oer of individuals employed in calendar year 2019 (Part V, line 2a)		. 5	16								
Activities &	6	Total numb	per of volunteers (estimate if necessary)		. 6	500								
Å	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12 .		. 7a	0.								
	b	Net unrelat	ted business taxable income from Form 990-T, line 39	<u>.</u>	. 7b	0.								
			Year	Current Year										
a	8	Contributio	41,097.	986,667.										
Revenue	9	Program se	59,569.	75,625.										
eve	10	Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)		135.	105.								
œ	1		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.								
	1		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 1		00,801.	1,062,397.								
_			d similar amounts paid (Part IX, column (A), lines 1-3)											
	1		aid to or for members (Part IX, column (A), line 4)	<u>-</u>	- "									
(A			ther compensation, employee benefits (Part IX, column (A), lines 5-1		29,196.	333,353.								
Şe			al fundraising fees (Part IX, column (A), line 11e)		25,150.	3337333.								
Expenses			raising expenses (Part IX, column (D), line 25) 73,052											
Ë	1		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		47,529.	539,774.								
	1	-	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		76,725.	873,127.								
	1	•	ess expenses. Subtract line 18 from line 12		24,076.	189,270.								
_ s		neveriue ie	ess expenses. Subtract line 10 from line 12		Current Year									
Net Assets or Fund Balances	00	Tatal asset	to (Dort V. line 16)		61,726.	716,313.								
Sse	20		ts (Part X, line 16)	.										
a t	21		ties (Part X, line 26)		34,439.	199,756.								
_			or fund balances. Subtract line 21 from line 20	.]3	27 , 287.	516,557.								
	art II		re Block											
Un	der penal	ties of perjury	, I declare that I have examined this return, including accompanying schedules and e Declaration of preparer (other than officer) is based on all information of which pr	statements, and tenders	to the best of owledge	my knowledge and belief, it is								
	-, 00//00/													
0:			Mul Clue			- 28								
Sig	_	Signat	ue of officer		Date									
He	ere	_	ie Case, Executive Director			· · · · · · · · · · · · · · · · · · ·								
		Type o	or print name and title	-										
Pa	id	Print/Type	e preparer's name Preparer's signature	Date	Check	If PTIN								
	epare	Linda	A Howdeshell will W. Howdselell	10/08/20	20 self-em	ployed P01302317								
	epare e Only	F!	me ►Linda A. Howdeshell CPA		Firm's EIN 🕨	47-4590864								
US	e Only	Firm's add	dress ▶ 9208 Lodge Pole Ln, Saint Louis, MO 631	26	Phone no (3	314)740-3983								
Ma	y the IR		this return with the preparer shown above? (see instructions) .			⊠Yes □No								

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	The mission of Gateway Pet Guardians is to end homelessness
	for animals in the Metro East St Louis community through rescue,
	rehabilitation, adoption, and community outreach.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
12	(Code.) (Expenses \$ 735,751. including grants of \$ 0.) (Revenue \$ 87,231.)
70	Intake, Shelter, Foster and Adoption Programs: GPG takes in stray and
	surrendered animals from residents in the East St. Louis and surrounding
	communities. These include Alorton, Cahokia, Washington Park and Centreville.
	These communities' homeless animals make up 25% of the intake into our
	local municipal shelter. As part of our goal to end homelessness, over
	200 foster families were added in 2019 to increase our capacity for care for
	rescued animals. And over 3000 hours of volunteer help assisted staff in
	shelter care. 1246 animal movements were also managed by program staff
	and volunteers. In addition, 500 animals were adopted to their forever families.
4b	(Code.) (Expenses \$ 31,519. including grants of \$ 0.) (Revenue \$ 11,996.)
	Community Program: At GPG, we firmly believe that every family should be
	able to have the companionship of a pet even if they have financial
	restrictions. 424 owned pets were spayed/neutered, 517 animals received
	life-saving vaccines and 464 animals received microchips. In addition
	297 community cats were sterilized and 106 animals received emergency vetting during a
	time of crisis. All of these efforts over the past five years have helped us drastically
	reduce the number of animals entering our municipal shelter and wandering
	the streets.
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
70	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 767, 270.

Part IV Checklist of Required Schedules

			. ••	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>^</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		^ x
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			K.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	_
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	174		×
Б	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		_×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	×	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	×
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38		×
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	⊀. 		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		<u> </u>		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 16			15,102,12
b	If at least one is reported on line 2a, did the organization file all required federal employment	ax returns? .	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst		#.0	3.14	43.3
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a	CONTRACTOR OF THE	×
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on S		3b		H
	At any time during the calendar year, did the organization have an interest in, or a signature or other		-		┢──
4a	a financial account in a foreign country (such as a bank account, securities account, or other finan		4a		×
b	If "Yes," enter the name of the foreign country	iolal accounty.	માં કું કું લ્યું કું કું કે ઉત્તર કરવા છે છે	market Con	80323
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FRAR)	1.00 m 34		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a	CAUSE PLOTE	×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte		5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	r transaction:	5c		<u> </u>
_	· · · · · · · · · · · · · · · · · · ·	 00 and did tha			
	Does the organization have annual gross receipts that are normally greater than \$100,0 organization solicit any contributions that were not tax deductible as charitable contributions'	?	6a		×
	If "Yes," did the organization include with every solicitation an express statement that such gifts were not tax deductible?	contributions or	6b		
7	Organizations that may receive deductible contributions under section 170(c).		學院		1000
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods	y 1 1 26	· 1000	£ 40°725.5
	and services provided to the payor?		7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property f	or which it was			
	required to file Form 8282?		7c	100 March 2011 No. 1	×
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f		×
	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi		7h	19.634 1.E	36 (Se 13)
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintained by the			in a trois
	sponsoring organization have excess business holdings at any time during the year?		8 ************************************	698883555	የ4-ሳ-16ሽኛድ ክ
	Sponsoring organizations maintaining donor advised funds.			200	Elinger with
	Did the sponsoring organization make any taxable distributions under section 4966?		9a	\vdash	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	son?	9b	13#4511X	W 45
10	Section 501(c)(7) organizations. Enter	امدا	arte age		器器
	Initiation fees and capital contributions included on Part VIII, line 12	10a	F. C. C.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	a ja na a ga A an es Pr
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b	The real	ì	
11	Section 501(c)(12) organizations. Enter:	المما	Dispregation 10.35 5 5 4		计
-	Gross income from members or shareholders	11a	17 1999 18	SEGRAP I.	in mile
b	Gross income from other sources (Do not net amounts due or paid to other sources	445	PART.		机剂
40	against amounts due or received from them.)	11b	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	STATE OF THE STATE	10.75
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	क्रिक्री हैं कि जाते. क्रिक्रीय क्रिक्री		r Spring in Mach fully
	Section 501(c)(29) qualified nonprofit health insurance issuers.		120	COLOR SAME	伊姆斯
	Is the organization licensed to issue qualified health plans in more than one state?		13a	ीम्बुद्धानिक .	કેળવાલ <u>ા</u>
	Note: See the instructions for additional information the organization must report on Schedule	JO.			
	Enter the amount of reserves the organization is required to maintain by the states in which	426			
	the organization is licensed to issue qualified health plans	13b			ECON \$ 25.
	Enter the amount of reserves on hand		14a	480 A.	×
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on		14b	-	⊢
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in		1.70	$\vdash \vdash$	
	excess parachute payment(s) during the year?	Terriuneration of	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.			E 2006 digital	(Implestation
	Is the organization an educational institution subject to the section 4968 excise tax on net inve	stment income?	16	2822727	28.4.7707
	If "Ves." complete Form 4720. Schedule O	,		or Tob	, to desiry

Form 9	90 (2019) 3	Page C
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See it	nstructions
	Check if Schedule O contains a response or note to any line in this Part VI	<u>X</u>
Secti	on A. Governing Body and Management	Yes No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8	0223
Id	If there are material differences in voting rights among members of the governing body, or	
	if the governing body delegated broad authority to an executive committee or similar	i ingenitari i inganasa i ingenitari i inganasa i inganasa
	committee, explain on Schedule O.	
b	Enter the number of voting members included on line 1a, above, who are independent .	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	
	any other officer, director, trustee, or key employee?	×
3	Did the organization delegate control over management duties customarily performed by or under the direct	
4	supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	×
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets? . 5	l \hat{x}
6	Did the organization have members or stockholders?	×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1 1
	stockholders, or persons other than the governing body?	×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	
	the year by the following.	
a	The governing body?	X
, b	Each committee with authority to act on behalf of the governing body?	×
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9	×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue C	1
4.0	B.III	Yes No
10a	Did the organization have local chapters, branches, or affiliates?	×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	
b		The March Charles
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	×
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	
	describe in Schedule O how this was done	1 1
13	Did the organization have a written whistleblower policy?	×
14	2 id the original data to the	Desiration and resident
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	igeti and structure structure vicinitie structure escontic
а	The organization's CEO, Executive Director, or top management official	
b	Other officers or key employees of the organization	×
_	16 "Vee" to live 15e ou 15h decembe the process in Cabadula O (see instructions)	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	
b	If IIVes II did the appropriate follows a western place or appropriate for the first	Alexander de la companya de la compa
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	
0	organization's exempt status with respect to such arrangements?	
	on C. Disclosure	
17	List the states with which a copy of this Form 990 is required to be filed ► IL Section 6104 requires an organization to make its Forms 1022 (1024 or 1024 A. if applicable) 990, and 990-T (Sec	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Sec (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	70011 30 1 (C)
10	Own website Another's website Upon request Other (explain on Schedule O)	rest policy
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of integrand financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	. 📂

Part VII	Compensation of Officers,	Directors,	Trustees,	, Key	Employees,	Highest	Compensated	Employees,	, and
	Independent Contractors								

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	b of or directo	unles er and	Pos neck is pe	rson	n oth st han both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Angela Schaefer	2.00	×		×					0.	
President	2 00	^		^			_	0.		0.
(2) Susan Moore Treasurer	3.00	×		×	ļ			0.	0.	0.
(3) Kaite Flamm Secretary	1.00	×	_	×				0.	0.	0.
(4) Edward Migneco Vice President		×		×				0.	0.	0.
(5) Laura Nelson Board member	1.00	×						0.	0.	0.
(6) Kristen Burger Board member	1.00	×						0.	0.	0.
(7)LaKeisha Coleman Board member	1.00	×						0.	0.	0.
(8) Jenny Dolce Board member	1.00	×						0	0.	0.
(9) Jamie Case Executive Director	50.00			×				54,080.	0.	0.
(10)	 									
(11)										
(12)						_				
(13)										
(14)										

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (conti	nued)
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more the box, unless person is b officer and a director/tr					an ee)	compensation	(E) Reportable compensation from related	table sation	(F) Estimated amount of other compensation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099	ations	from the organization related organi	e and
(15)													
(16)													
(17)													
(18)													
(19)	·									-			
(20)													
(21)													•••
(22)											_		
(23)													
(24)													•••••
(25)													
1b	Subtotal	/	 		•	J 	,	 ▶	54,080.		0.		0.
d	Total (add lines 1b and 1c)						•		54,080.		0.		0.
2	Total number of individuals (including but reportable compensation from the organi		d to th	ose	list	ted :	above	e) w	ho received more	e than \$1	00,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s						•	mpl	oyee, or highes	st compe	ensated	Yes	No ×
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re greater th	portal an \$1 	ble (150,	com 000	nper)? /: 	nsatio f "Yes	n a s,"	nd other compercomplete Sched	nsation fr dule J fo	om the or such	4	×
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	ompe compl	nsat ete	tion <i>Sch</i>	froi nedu	n any ule J f	un or s	related organizat	tion or inc	dıvıdual . <u>.</u>	5	×
Secti	on B. Independent Contractors								1				
1	Complete this table for your five high compensation from the organization. Repo												
	(A) Name and business add	ress							(B) Description of serv	rices	((C) Compensation	
2	Total number of independent contractor		_					th	ose listed abov	e) who	+11	, 10 g d	- 1

Part	VIII	Statement of Rev Check if Schedule			enor	ese or note to a	ny line in this Pa	ort VIII		
		Orlean II Correduct	0 00	Thailis a re	эрог	isc of flote to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र र	1a	Federated campaig	ns .		1a				TO A COMPANY OF THE PARTY OF THE	and a substitution of the
Grants nounts	b			"	·	,		Mariana		
Ω. E	С	Fundraising events			1c	233,368.		office of compositional design of the composition o	in the second second	and the property of the second
Gifts, ilar An	d	Related organization			1d		The resulting the second		and the second s	
ja ja	е	Government grants	(cont	ributions)	1e			and the first state of the stat	Allocation and the figure and the contraction of th	
Sin	f	All other contribution							and the second second	The state of the s
utic le		and similar amounts no	ot incli	uded above	1f	753,299.				
ris Ott	y	Noncash contribution								
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a–1f		<u>1g</u>		The state of the s				
O B	<u>h</u>	Total. Add lines 1a	1f .				986,667.			
o l	•	Nalambian Gasa				Business Code	75 605	75. 605	Contraction of the Property of	
Service nue	2a	Adoption fees				900099	75,625.	75,625.	0.	0.
Ser	b c									<u> </u>
gram Ser Revenue	d								-	
gra Re	<u> </u>								-	
Program Reve	f	All other program se	ervice	revenue		1				
	g	Total. Add lines 2a-				•	75,625.			
	3	Investment income	(ıncl	luding divi	dend	s, interest, and				
		other similar amoun					105.	105.	0.	0.
	4	Income from investr	nent d	of tax-exem	ipt bo	ond proceeds ►				
	5	Royalties	<u></u>	<u> </u>		_	## C1 C1 C1 T1	and values and a solution of	englished and Groven to be	Participation of the Control of the
			ĺ	(ı) Rea		(ii) Personal	ntrius de maine interior de la company de la	A STATE OF BUILDINGS OF THE STATE OF THE STA	Contracts in the state of the s	
	6a	Gross rents	6a							ondinater de la company de La company de la company d
	b	Less. rental expenses	6b					i diputati da angalas di salah s	hijo da a pide a kerkindi in hijakt e dangan dahir daji a kerkis dan melo	
-	Ċ	Rental income or (loss)			-		bear way and a second second		infrathatiqui antitudi in instituti antitudi inter	
	d	Net rental income o	r (IOS:		ios	(ii) Other /	A STANDARD OF THE STANDARD OF	20220071	The state of the s	nanggi i nanggi i linggi nanggi i nangg
	7a	Gross amount from			(ii) Other				i komputaning ang ang ang ang ang ang ang ang ang a	
		sales of assets other than inventory	7a				had to the too the offer main respective to the state of	gen in the second secon	The control of the co	in a state of the
ø	h	Less. cost or other basis					The part of the second of the	tana 2007 dalam da	The state of the s	TOTAL BOOK TO THE PARTY OF THE
มน	<u>.</u>	and sales expenses	7b			,		transming in the Toucher Commence of the Comme		
e./e	' С	Gain or (loss)	7c							
r R	d	Net gain or (loss)				🕨				
Other Re	8a	Gross income from					ing a state of the			
O,		events (not including							and the second of the second o	nergini ili ili kanasar da samb Bil yang menggunakan da samb
		of contributions rej				_			n sell a judge sellende kalen a General de State de de de	And the Color of t
	_	1c). See Part IV, line			8a	0.	gg by both on the state of the late of the	A CONTROL OF THE CONT	in the second se	Prince (Application of the Depth of the Committee of the
	b	Less: direct expens			8b	o. ents . ▶	Filosocacie (146 (* sporos	in control (high to bound of the	Stag or Allabora, Salata Edwardon.	AFARTA POPULATION
٧	C	Net income or (loss)	-		g eve	ents P	0.	Porture of the section	O.	O. Bertscheinzender
	9a	Gróss incomé tactivities. See Part I			9a					archical management of the second
	b	Less. direct expens			Ob		in in the second	Total Control	os (stratos escaperatos distribuiros Antendos escaperatos de la constitución de Antendos escaperatos de la constitución de la c	notes and reserve and reference the district reserves purifications
	C	Net income or (loss)				es >	305-31-MS0R*9104.A Prof. offer ellerant "Salver of		330 12402 1 3 1 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
	10a	Gross sales of in		-			2222	icer ar Samo) en Considero Secologisto dos Societos		
		returns and allowan			10a		erin a facilitation (12) and Part to 12 and observe the	Spirit Tobalit and Spirit Spirit		
-	b	Less, cost of goods	sold		10b					
	C	Net income or (loss)) from	sales of in	vent	ory >	1			
SI						Business Code		1000 1000 1000 1000 1000 1000 1000 100		
eol Je	11a							ļ		
lan	b						ļ			•
scellaneo Revenue	C	A II - a II.	-			-		 		
Miscellaneous Revenue	d	All other revenue					ļ	 		
	<u>е</u> 12	Total. Add lines 11a Total revenue. See			•	<u> P</u>	1,062,397.	75,730.	0.	0.
	14	rotarievenue. Ott	กาเอน	uotiona			1 1 1 0 0 2 1 0 0 1 -	, , , , , , , , , , , , , , , ,		

. 1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX											
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			And the state of t	The Marie and Committee of the Committee						
2	Grants and other assistance to domestic individuals. See Part IV, line 22			to provide a relation to a facility of the later production of the con- action of the contraction of the con- composition are considered the con-	en produktion of the second of the first of the second of						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			The second secon	The second secon						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	54,080.	38,793.	3,822.	11,465.						
6	Compensation not included above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$.										
7	Other salaries and wages	248,918.	216,083.	0.	32,835.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes	30,355.	25,534.	383.	4,438.						
11	Fees for services (nonemployees):										
а	Management										
b	Legal	1,933.	0.	1,933.	0.						
C	Accounting	7,471.	0.	7,471.	0.						
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	266,346.	266,105.	158.	83.						
12	Advertising and promotion										
13	Office expenses	50,621.	45,976.	0.	4,645.						
14	Information technology	16,955.	8,145.	120.	8,690.						
15	Royalties	-									
16	Occupancy	38,346.	33,923.	767.	3,656.						
17	Travel				.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings .	46,572.	36,036.	3,414.	7,122.						
20	Interest	6,788.	6,109.	679.	0.						
21	Payments to affiliates										
22	Depreciation, depletion, and amortization .	3,147.	2,360.	787.	0.						
23	Insurance	19,592.	10,587.	9,005.	0.						
24	Other expenses Itemize expenses not covered				in things of a control production of the control of						
47	above (List miscellaneous expenses on line 24e. If		Andrew Control of the Street Street	American III of the A. M. S. M	Marka da						
	line 24e amount exceeds 10% of line 25, column		perpanding a feet of the second state of the second	ndental about the high party about							
	(A) amount, list line 24e expenses on Schedule O.)				Province Commission of the Com						
а	Repairs and maintenance	13,347.	13,307.	40.	0.						
b	Drinting	11,078.	11,071.	7.	0.						
	Doots	2,657.	<u>2,526.</u>	131.	0.						
۲ C	Postage	2,037.	2,320.	131.							
d	All other expenses	E4 021	50 71E	4 000	118.						
e	All other expenses	54,921.	50,715.	4,088.							
25	Total functional expenses. Add lines 1 through 24e	873,127.	767,270.	32,805.	73,052.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)										
		REV 06/02/20 PRO			Form 990 (2019)						

Part X Balance Sheet

		Check if Schedule O contains a response or	r note to	any line in this Pa	art X <u></u>		<u>.</u>
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			213,131.	1_	156,110.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net				3	_
	4	Accounts receivable, net			108,166.	4	79,311.
	5	Loans and other receivables from any current of	or forme	er officer, director,	Parameter in the present of the land.		number in Language and Appendix or a state of the second state of
		trustee, key employee, creator or founder, subst controlled entity or family member of any of thes	Legische Entresit betagte der 12 metro	5	Standard Control of the Control of t		
	6	Loans and other receivables from other disqua under section 4958(f)(1)), and persons described	lified pe	ersons (as defined	res, produce and service and proceeding of the control of the cont	6	ambieurikuulpali toppisassissa uksananja 112. siralusten
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			5,207.	9	6,807.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	495,866.		(B) (1) (B) (1) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	Author Amerikanska militaria. 1992 - 1994 (M. 1994) Manga Bertamara (1994) - 1995 (M. 1995) - 1995 (M. 1995) Manara (1995) - 1995 (M. 1995) - 1995 (M. 1995)
	b	Less: accumulated depreciation		21,781.	28,069.	10c	474,085.
	11			21,701.	7,153.	11	4,4,005.
	12	Investments—publicly traded securities Investments—other securities. See Part IV, line 1			,,,155.	12	
Ì	13	Investments—program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			361,726.	16	716,313.
	17	Accounts payable and accrued expenses			26,797.	17	53,199.
	18	Grants payable			7,642.	18	·
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete 8	Part IV c	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of thes	nineghbrustat.i. 2002-1903-1904-1905-1906-1906-1906-1906-1906-1906-1906-1906	22	Today Trophyladda y chigginnan Barry San San San San San San San Barry San		
Lia	23	Secured mortgages and notes payable to unrela				23	146,557.
	24	Unsecured notes and loans payable to unrelated		•		24	
	25	Other liabilities (including federal income tax,	-				
		parties, and other liabilities not included on lines of Schedule D				25	
	26				34,439.	26	199,756.
6	20	Organizations that follow FASB ASC 958, che			34,437.	20	Table 1 by 1 to 1 t
uce		and complete lines 27, 28, 32, and 33.	ck nere		the second of the second secon		en e
ala	27	Net assets without donor restrictions			172,110.	27	516,557.
	28			· · · <u>· ·</u> · ·	155,177.	28	College in the college of the colleg
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 98 and complete lines 29 through 33.	58, che	ck here ► □	the state of the s		the incompany party of the property of the control
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ed	quipmen	it fund		30	
Ass	31	Retained earnings, endowment, accumulated inc	come, o	r other funds . · .		31	
et/	32	Total net assets or fund balances			327,287.	32	516,557.
Ž	33	Total liabilities and net assets/fund balances .			361,726.	33	716,313.

,,,,,					"		
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		· · · ·	· ·			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,0	62,3	<u>97.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	73,1	27.		
3	Revenue less expenses. Subtract line 2 from line 1	3	1	89,2	70.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4						
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6	_				
7	Investment expenses	7	_				
8	Prior period adjustments	8		_			
9	Other changes in net assets or fund balances (explain on Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10		16,5	<u>57.</u>		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>				
			Schaliff, pop	Yes	No		
1	Accounting method used to prepare the Form 990. Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O.	explain	ın				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		×		
	If "Yes," check a box below to indicate whether the financial statements for the year were co		toRiferingen	100			
	reviewed on a separate basis, consolidated basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2b	×			
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	lited or	na 💹				
	separate basis, consolidated basis, or both.						
	Separate basis Consolidated basis Both consolidated and separate basis				A Spring		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight					
	the audit, review, or compilation of its financial statements and selection of an independent account		. 2c		X		
	If the organization changed either its oversight process or selection process during the tax year, of Schedule O.	explain	on :				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in	the				
-	Single Audit Act and OMB Circular A-133?		. За		×		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	dergo	the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits	. 3b				
				000			

REV 06/02/20 PRO

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust.

► Attach to Form 990 or Form 990-EZ.

20**19**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

26-0096240 Gateway Pet Guardians Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (n) EIN (III) Type of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E) Total

instructions

Part	Support Schedule for Organization (Complete only if you checked to						
	Part III. If the organization fails to						ally under
Secti	on A. Public Support	o quanty array		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and			, ,	, , , , , , , , , , , , , , , , , , , ,	,	
	membership fees received. (Do not						
	include any "unusual grants") .	494,340.	434,637.	572,535.	841,097.	986,667.	3,329,276.
2	Tax revenues levied for the						
	organization's benefit and either paid				1		
	to or expended on its behalf						
· 3	The value of services or facilities						
	furnished by a governmental unit to the		İ				
	organization without charge	78,395.	70,870.	62,837.	59,569.	0.	271,671.
4	Total. Add lines 1 through 3	572,735.	505,507.	635,372.	900,666.	986,667.	3,600,947.
5	The portion of total contributions by	and the Dept	of the property of	120 July 122 July 20	Compared to the same		
•	each person (other than a			And the property of the second	'n Side a Contra a Million Let Montain in 1981 (tu ci bedi digaritin wend kiri alah ci di digaritin	
	governmental unit or publicly	Charles and the control of the contr	an ar a golden and children	and the second second	history of the control of the contro	inglika i sej distribut iz di i sejili giriyar masanggilik te gi i i as gil	
	supported organization) included on						
	line 1 that exceeds 2% of the amount				halling done to be a	Party had sure back the manife	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						3,600,947.
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	572,735.	505,507.	635,372.	900,666.	986,667.	3,600,947.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources .			20.	135.	105.	260.
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income Do not include gain or				1		
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines / through 10	and the same of th		Minimus Canada Marien			3,601,207.
12	Gross receipts from related activities, etc					12	504(1)(0)
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	i, or tifth tax ye	ear as a section	
<u> </u>	organization, check this box and stop he		_	• • •		•	. ▶ 🗆
	on C. Computation of Public Suppo			41 (6)	-		00.00.0/
14	Public support percentage for 2019 (line		-		•	15	99.99 % 99.99 %
15	Public support percentage from 2018 Sci 33 ¹ / ₃ % support test—2019. If the organ				ad kao 14 io 23		
16a	box and stop here . The organization qua				14 11116 14 15 50	5 73 76 OF THOIR,	► X
h	331/3% support test—2018. If the organi	•		-	and line 15	ie 331,2% or m	
b	this box and stop here . The organization					15 33 73 70 01 11	. P
47-	· ·	•		-			_
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me Part VI how the organization meets the						
		iacis-anu-circ	umstances le	at The Organi	zadon qualiles	as a publicly	
	organization						▶ □
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization is	neets the mac	is-and-circums	stances test	me organizati	on quannes as	
40	supported organization	ح بامحظم فمم امر	hay an line 10	160 16h 17-		k this boy and	. ▶ 📙
18	Private foundation. If the organization di	ia noi check a	oox on line 13,	, ιυα, ιυυ, Ι/δ	i, or i/b, chec	n tilio DUX aliU	300

Part III Support Schedule for Organizations Described in Section 509(a)(2)							
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under						der Part II.	
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.) <u>/</u>	
Secti	on A. Public Support				,		
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) ,2019	(f) Total
1	Gifts, grants, contributions, and membership fees				1	/	
_	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		i		/	1	
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the	1					
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1					
					-	-	
C	Add lines 7a and 7b	P.Lincke Texal States of the local states	teliality is the Aleks William o	tanallainistikka parta arang ar	TOCHRETORIONAL (CO.5) TOLK	unikane etten it-skreimen	
8	Public support. (Subtract line 7c from		Z	anti de la companya d	n Long St have a wee is the statement of the state state of the statement of the state of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of t	The half of the control of the contr	
Cooti	line 6) on B. Total Support	n naphipp Repair in	for these is the in	12 D. C.	. or familial still the work it hally	展。東京小学公司、大阪	<u></u>
	dar year (or fiscal year beginning in)	(a) 2015/	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(a) 2013/	(b) 2010	(6) 2017	(u) 2010	(e) 2019	(i) rotai
10a	Gross income from interest, dividends,	/					
IVa	payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			- 1			
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on			!			
12	Other income Do not include gain or loss from the sale of capital assets						
40	(Explain in Part VI)					-	
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.) First five years. If the Form 990 is for the		l n's first, secon	l d, third, fourth	n, or fifth tax ye	ear as a section	
	organization, check this box and stop he			<u>·</u> ·	· · /·		. ▶ _
	on C. Computation of Public Suppo					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
15	Public support percentage for 2019 (line					15	<u>%</u>
16	Public support percentage from 2018 Sci			<u> </u>	·	<u> \16 </u>	%
	on D. Computation of Investment In					<u> </u>	
17	Investment income percentage for 2019	•				17	<u>%</u>
18	Investment income percentage from 2018					18	<u>%</u>
19a	331/3% support tests – 2019. If the organ						
	17 is not more than 331/3%, check this box						
Ь	331/3% support tests—2018. If the organization 18 is not more than 331/3%, check this						
							\
20	Private foundátion. If the organization di	ia not check a	box on line 14	, 19a, or 19b, (cneck this box	and see instruc	uons 🕨 🗀

Supporting Organizations Part IV

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting C	Organizations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- h Did the organization have ultimate control and discretion in deciding whether to make grants to the foreig supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(R purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and Ell numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support of benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7' If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because, of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

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Schedù	ile A (Form 990 or 990-EZ) 2019		۲	age 🔾
Part	IV Supporting Organizations (continued)			
		Francisco (A. Uni	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			Hamilton and
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Despris de		THE STATE OF
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	Military of		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ATTENDED OF	in in the second	I dina ii
•		2357227 4	0.000000	AND AND AND AND AND AND AND AND AND AND
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	Line of the	et en els	Property of the control of the contr
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	MATERIAL SECTION OF THE SECTION OF T		
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	Stylen in -		Dare rep. Fig.
	or management of the supporting organization was vested in the same persons that controlled or managed	FACE I		14 .06
	the supported organization(s)	1		
Secti	ion D. All Type III Supporting Organizations			
, , , , , , , , , , , , , , , , , , , 	on primitypo in capporting organizations		Yes	No
	Did the assessment as several to each of its assessment of assessment by the local day of the fifth month of the	7153 A . 7 . 4 .	-7650,754	et you
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	सीति तहां हो है। इस्क्रीकार्थ	- Compa	รักษ์ต่ำการ เพิ่มโดยได้เกิ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	The second of		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	503 per 3	arte Me.	THE SPECIAL
	·	7 753572x158 hr	s Besidiblic	nata ilia a mari
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	Figure 1		is masse
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	0.000	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	minaronia i		A TOTAL
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	Trible of the		43 miles 14 - 171 miles
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstruc	tions	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization is the parent of each of its supported organizations. Complete ime of below The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see insi	tructi	onsi
			Yes	No
2	Activities Test Answer (a) and (b) below.	Part Acts in	に連続	in the same
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			ing in the
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	新加州		
	how the organization was responsive to those supported organizations, and how the organization determined	Marine Marine Ser	4000	thing water
	that these activities constituted substantially all of its activities.	2a	MEKDE	463 39602 10 F
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		A THE	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	Prove 9		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in Part VI .	3a	arest.	
			ar yaranga Pangkaran	ALIE EN
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		Partition.	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	1	

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gan	izations	<u></u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	1100	and the state of t	Talling Carle (1500 - 17 family 1700 - 1
instructions for short tax year or assets held for part of year).	科器	a kupith (S. Haldist) ya partimena upasik ta shintara wasi Marihangini angesis a a a marihanda a sa malihanda Asar	About and Arthas Land. In continuous and District the continuous and a second
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)	100	en er generale en en en en en en en en en en en en en	errende phones as the complete of the complete
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		-
Section C-Distributable Amount		kindelen est fin te, entingden est finge atten egen hittigtigtigt er efter i Alberton I men entingen entil en ny dat ingenigtier er beschafte atten met gegen, delt partit ny dat ingenigtings i mer er beschier i Alberton er bit partit niet er dat ingenigtings i mer er beschier. Angelte par er bit norm in	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	The graduation of the artist of a second of the second of	· -
2 Enter 85% of line 1.	2	The figure of the control of the con	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	Total fit from the control of the co	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	and the first of a Carly of the Carlotte and the first one . It is not	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	The fifth rate of the contract of the fifth of the state	
7 Check here if the current year is the organization's first as a non-functional	lv int	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	Section D—Distributions						
1_	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted				
3	Administrative expenses paid to accomplish exempt purp	inizations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)	<u> </u>					
6	Other distributions (describe in Part VI) See instructions.						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions.	th the organization is res	sponsive				
9	Distributable amount for 2019 from Section C, line 6		·-				
10	Line 8 amount divided by line 9 amount	<u> </u>					
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions	The tendence with frequency of the first tendence of the first ten		in the first state of the first			
3	Excess distributions carryover, if any, to 2019	The state of the party of the state of the s	ent of the Salt through 5 (Alaste Ti	kingapa a kinggrapi sapa ang kinggrapi di sapapagan baga Palapagai sapapaga ang pangangan ng mangangan pangangan			
a	From 2014	The state of the s		·// Ving tradition and the constraint of the con			
b	From 2015	apatemistri projekten med estatuarionali Presidentalia de apatemistralia della decensi	14 pro-efficient of the confidence of the confid	val and animalist for the land.			
С	From 2016	дациоданциородно полно) 1-10 г. неголивански онава Политичности Вородности	normality of Members and Palentin				
d	From 2017 .						
е	From 2018 .	de l'Artic malaintenant voice, ét étample de la comment de	งานักง่านการใน โรกักรนั้น ในได้ของเฉราะ 64 และเรารับนักษ งานเราการใช้เกี่ยวได้เราการการการการให้การ เราะนักสามนัก	noming glumanica. Talifi floria caman de as ninggalina nimo mando mingalina de falinia a a a a se dia handina			
f	Total of lines 3a through e	c	companies de la companie de la compa	The secretary and the secretary and the			
g	Applied to underdistributions of prior years	delenere sesse de la companya de la delenera de la companya de la		untugaga dan san san san san san san san san san s			
h	Applied to 2019 distributable amount		ikitedher epiller oed epitiberes				
i	Carryover from 2014 not applied (see instructions)		The state of the s	ng Pangangan Bilang ng Pangan Bandan i man Califa Tangan Bandan Bandan Bandan I man Califa			
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f	77. S. Saatta Minandininin	The Charles of a party of a significant	pagan, mana halifu pagang Digungan, rangga bahasa k			
4	Distributions for 2019 from	Elicing page the left was the second		and distributed and the			
	Section D, line 7 ⁻ \$	el [SSIMMING CONTROL PRO S] PRO S AND SON TO SELECTION OF THE SELECTION O	ngalanjanimi kundo bilanda katimik badi i	Annimal Commercial Comments and and and and and and and and and and			
<u>a</u>	Applied to underdistributions of prior years		nach kuristististististististististististististi	Miles and the American State of the State of			
b	Applied to 2019 distributable amount	SHOULD BE THE THE CONTRACT OF THE SHOULD BE SH	and the state of the second state of the second sec	the lower to the transfer of the late of the transfer of the late			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2019, if			aportinal septe a l'organização contrate illetera La como como como como como como como com			
	any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			eringa in die der begreichte der der der der der der der der der de			
6	Remaining underdistributions for 2019. Subtract lines 3h	College to the college of the colleg		the terminal and the state of the second of			
U	and 4b from line 1. For result greater than zero, explain in	A second of the	Participation of the second second				
	Part VI. See instructions		ia dan pampir andirantsia kondita kalendari dan mpungkan di mendalah mengan pamban dan di mendalah bera				
7	Excess distributions carryover to 2020. Add lines 3j and 4c	2000-0-03, 2000-20174237 (P*10/1 hay tart = P*1 F) 337 (00000110003397) ->	program in a normal remains of the second research in a second remains of the second rem	gonne kodom (1608. 1866) stanov stanov kodom (1608. 1866) 18 ježima stanov stanov stanov stanov stanov stanov 18 sestanov stanov stanov stanov stanov stanov stanov stanov 18 se zestanos stanov stano			
8	Breakdown of line 7						
a	Excess from 2015						
b	Excess from 2016						
	Excess from 2017	ON THE PROPERTY OF THE PROPERT					
d	Excess from 2018	FEET STRUCTURE OF THE PROPERTY					
	Excess from 2019	A TOTAL MANAGEMENT OF THE PROPERTY OF THE PROP					

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

	······································
	•
	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Inspection

2019
Open to Public

Name of the organization Employer identification number Gateway Pet Guardians 26-0096240 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . ☐ Yes ☐ No . . . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . . . • \$_____ (ii) Assets included in Form 990, Part X . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X . \$

ì	Page	2

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	Treasures,	or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):							
а	Public exhibition				or exchange			
b	Scholarly research		е	☐ Other	· · · · · · · · · · · · · · · · · · ·			
С	Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII							
5	During the year, did the organization assets to be sold to raise funds rather							r ☐ Yes ☐ No
Part	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or otl		-				t Yes No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	llowing ta	able			
							Ar	nount
C	Beginning balance	•				1c		
d	3 ,		•			1d		
e	Distributions during the year			•		1e		
T	Ending balance		·			1f	1.00	2 Ves Va
2a b	Did the organization include an amount "Yes," explain the arrangement in P							· L res L No
Par		art Aill Offect fiel	e ii tile e	Apianatio	ii iias been p	novide	a on rare xiii	· · <u> </u>
	Complete if the organization	answered "Yes	" on For	m 990. F	Part IV. line	10.		
	oomproto water or gameator	(a) Current year	T	or year	(c) Two years		(d) Three years back	(e) Four years back
1a	Beginning of year balance	,			· · · · · · · · · · · · · · · · · · ·		<u>, , , , , , , , , , , , , , , , , , , </u>	
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses .							****
g	End of year balance							
2	Provide the estimated percentage of t	he current year er	nd balanc	e (line 1g	, column (a))	held a	as	
а	Board designated or quasi-endowmer	nt ►	%					
b	Permanent endowment >	%						
С	Term endowment ▶%							
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.					
3a	Are there endowment funds not in the	e possession of t	he organi	zation tha	at are held a	nd adr	ministered for the	
	organization by							Yes No
	(i) Unrelated organizations		•	•		•		3a(i)
	(*,						• •	3a(ii)
b	If "Yes" on line 3a(ii), are the related on Describe in Part XIII the intended uses							3b
4 Part	· · · · · · · · · · · · · · · · · · ·		on s endo	winenti	urios.			
rait	Complete if the organization		" on For	m aan s	Part IV line	11a 9	See Form 990	Part X line 10
	Description of property	(a) Cost or o	ther basis	(b) Cost o	or other basis	(c) A	Accumulated preciation	(d) Book value
4-	Lond	ţii restii	0.					0.
_	Land	•	· · ·	_	<u> </u>	·····-		<u> </u>
b	Buildings Leasehold improvements .	·						
c d	Equipment				39,637.		21,781.	17,856.
e	Other				56,229.		0.	456,229.
	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90. Part)			:.) .	•	474,085.

Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on For			
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation of-year market value
(1) Financia				
	neld equity interests			· · · · · ·
(3) Other				
(A)				
			<u> </u>	
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.	·-		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Meth	nod of valuation of-year market value
(1)				
(2)				<u>. </u>
(3)				· -
(4)			***************************************	
(5)				
(6)				
(7)			***************************************	
(8)				
(9)	(1) 15 200 D- 1 V 1 (D) In- 10)		7	a annihit year yanihini manananan ara ist amaran a alam.
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
Pailix	Complete if the organization answered "Yes" on For	m 990 Part IV line	e 11d. See Form	990 Part X line 15
	(a) Description	111 000, 1 411 14, 1111	<u> </u>	(b) Book value
(1)	(a) book plant			
(2)	· · · · · · · · · · · · · · · · · · ·			
(3)				<u> </u>
(4)				
(5)				
(6)				
(7)				
(8)				
		··		
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15)			
	Other Liabilities. Complete if the organization answered "Yes" on For	m 990, Part IV, lin		Form 990, Part X,
Total. (Colu Part X	Other Liabilities. Complete if the organization answered "Yes" on For line 25.	m 990, Part IV, lin		
Part X 1.	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability			Form 990, Part X,
Part X 1. (1) Federal III	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability			
Part X 1. (1) Federal III (2)	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability	m 990, Part IV, lin		
1. (1) Federal III (2) (3)	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability	m 990, Part IV, lin		
1. (1) Federal III (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability	m 990, Part IV, lin		
1. (1) Federal III (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability	m 990, Part IV, lin		
1. (1) Federal III (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability	m 990, Part IV, lin		
1. (1) Federal III (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability	m 990, Part IV, lin		
1. (1) Federal III (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability	m 990, Part IV, lin		
1. (1) Federal III (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability			
1. (1) Federal III (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability income taxes		e 11e or 11f. See	(b) Book value

Part X				Return	l .
	Complete if the organization answered "Yes" on Form 990,		/, line 12a.		
	otal revenue, gains, and other support per audited financial statements	• •			1,076,797.
	amounts included on line 1 but not on Form 990, Part VIII, line 12.	ا ما			
	let unrealized gains (losses) on investments	2a	11 100	1	
	Onated services and use of facilities	2b	14,400.	1 1	
	Recoveries of prior year grants	2c 2d		-	
	Other (Describe in Part XIII)	20		2e	14,400.
	Add lines 2a through 2d			3	1,062,397.
	mounts included on Form 990, Part VIII, line 12, but not on line 1:	i I			1,002,337.
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		1	
	Other (Describe in Part XIII)	4b		1	
	Add lines 4a and 4b	10		4c	
	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)		5	1,062,397.
Part X				_	
T GIT X	Complete if the organization answered "Yes" on Form 990,				
1 T	otal expenses and losses per audited financial statements			1	887,527.
	mounts included on line 1 but not on Form 990, Part IX, line 25				
	Onated services and use of facilities	2a	14,400.		
	rior year adjustments	2b		1	
	Other losses	2c		1	
d C	Other (Describe in Part XIII)	2d		1	
	dd lines 2a through 2d			2e	14,400.
3 S	Subtract line 2e from line 1			3	873,127.
4 A	mounts included on Form 990, Part IX, line 25, but not on line 1:				
a Ir	nvestment expenses not included on Form 990, Part VIII, line 7b .	4a]	
b C	Other (Describe in Part XIII)	4b			
	dd lines 4a and 4b			4c	
5 T	otal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	e 18)	<u></u> .	5	873,127.
	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
	Line 2d: Special event expense netted against n	reven	ue for 990 but	not	
for fi	nancial statements due to GAAP presentation.				
Pt XII	I, Line 2d: Special event expense netted against	reve	nue for 990 bu	ıt not	
for fi	nancial statements due to GAAP presentation.				
					•
					••••

Schedùle D (Fo	orm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
		•••••
	•	
		••••
		····
• • • • • • • • • • • • • • • • • • • •		
	······································	
		•••••
•		
		•

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Ves" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

	ment of the Treasury Revenue Service			ttach to Form		990-EZ. nd the latest informa	hon	Open to Public
	of the organization		GO to www.irs.gov/	ronni990 tor t	nstructions a	no the latest monna	Employer identi	Inspection fication number
	eway Pet Gu	ardians					26-009624	0
Par	t I Fundra					vered "Yes" on I	Form 990, Part IV	, line 17.
1						owing activities. C	heck all that apply	
а	Mail solicit	_				on of non-govern		
b	=	nd email solicitatio	ns	f 🖺		on of governmen		
C	☐ Phone sol			g L	Special f	undraising events	3	
d		solicitations						
2a							cers, directors, true fundraising service:	
b				-		•	=	the fundraiser is to be
J		at least \$5,000 by			araisers, po	irsuant to agreen	ichts ander whien	and rundraiser is to be
	(i) Name and addre or entity (fu		(II) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		-		Yes	No			
1								
2								
3								
4								
5								
6								
7								
8			***************************************					
9							-	-
10								
Total					▶			
3	List all states registration or		nization is regis	tered or lic	ensed to s	olicit contribution	s or has been noti	fied it is exempt from
								••••
								···

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000.

		gross receipts greater the	11 \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				Soiree	2	(add col (a) through
ø)			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	44,748.	34,398.	154,222.	233,368.
_	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	44,748.	34,398.	154,222.	233,368.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages .				<u> </u>
Direc	8	Entertainment .				
	9	Other direct expenses .		8,816.	39,288.	48,104.
	10	Direct expense summary. Ad	ld lines 4 through 9 in c	olumn (d)	▶	48,104.
	11	Net income summary Subtra	act line 10 from line 3, c	olumn (d)	<u>.</u> ▶	185,264.
Pa	rt III			ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than
		\$15,000 on Form 990-E2	Z, line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c)
ve						
æ	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes .				
Jirect	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d) .		
		 _				
9	En	iter the state(s) in which the or	ganization conducts ga	ming activities:		
	Slumber Pawty Soiree 2					
	וו ע					
10		ere any of the organization's g	amıng lıcenses revoked	l, suspended, or termina	ated during the tax year	? Yes 🗀 No
	b If "	'Yes," explaın [.]				•••••

Sched	ule G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	. 🗌 Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other enformed to administer charitable gaming?		□ No
13	Indicate the percentage of gaming activity conducted in		
а		3a	%_
b	An outside facility	3b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records	and	
	Name ▶		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gam revenue?		□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party.		
	Name ►		
	Address ▶	•••••	
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds retain the state gaming license?		□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addisse instructions.	ns (III) and I	(v); and mation.
		· · · · · · · · · · · · · · · · · · ·	
		·	
	·		
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

r 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open To Public

OMB No 1545-0047

Gateway	z Pet	Guardians	
Jaceway	y FCC	Guar uran.	7

Employer identification number

26-0096240

Par		ctions (section 501(c)(3), section 501(c)(4), and ston answered "Yes" on Form 990, Part IV, line 2	iection 501(c)(29) organizations onl 25a or 25b, or Form 990-EZ, Part V	y). /, line 40b.	
		(b) Relationship between disqualified person and	(a) December of transaction	(d) Con	rected?
1	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					<u> </u>
(5)					
(6)					<u> </u>
2	Enter the amount of tax incu under section 4958	rred by the organization managers or disqual	. .		
3	Enter the amount of tax, if any	, on line 2, above, reimbursed by the organization	on ▶ \$	<u>. </u>	

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the zation?	(e) Original principal amount	principal amount by boa		(g) in default? (h) Approv by board committee		ard or	d or agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(1)												<u> </u>
(2)												
(3)												ldlet
(4)												L
(5)												$ldsymbol{f f f f f f f f f f f f f $
(6)												<u> </u>
(7)												
(8)												
(9)												
(10)	T											

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			·	
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

BAA

REV 06/02/20 PRO

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues		
Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).	Edward T Mignogo DVM	Doord mombor	110 212	Voterinarian fees paid to Willeide Weterinary Voce	Yes	No	
rt V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).		Board member	119,212.	veterinarian rees paru to miristue veterinary nosp		-^	
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	Provide additional information		on Schedule E (See	· · · · · · · · · · · · · · ·			
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SCHÉDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

Gateway Pet Guardians	26-0096240	
Pt VI, Line 2: A board member was the owner of a veterinary se	ervice provider.	
Effective March 2020, the board member resigned from the board.		
Pt VI, Line 11b: Form 990 is reviewed by the Executive Director, Board President		
and Treasurer before providing a copy of the 990 to the full board.		
Pt VI, Line 12c: The conflict of interest policy is included in	in the bylaws of	
the organization and requires the board to annually submit any	conflicts of interest.	
Pt VI, Line 15a: Salary and benefits resources available to the	ne board, as well	
as, salary surveys of comparable positions are utilized to eva	aluate the compensation	
of the Executive Director. Tax filings are reviewed for local	rescue organizations	
for comparable salaries.		
Pt VI, Line 15b: Salary and benefits resources available to the	ne board, as well	
as, salary surveys of comparable positions are utilized to eva	aluate the compensation	
of the other officers and key employees. Tax filings are revi	lewed for local	
rescue organizations for comparable salaries.		
Pt IX, Line 11g:		
Description: Veterinary emergency/specialty		
Total: \$1,445		
Program services: \$1,445		
Management and general: \$0		
Fundraising: \$0		
Description: Veterinary full service		
Total: \$205,315		
Program services: \$205,315		
Management and general: \$0		
Fundraising: \$0		

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
Gateway Pet Guardians	26-0096240
Description: Other	
Total: \$59,586	
Program services: \$59,345	
Management and general: \$158	•••••
Fundraising: \$83	
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